

1 **WILCOXEN CALLAHAM, LLP**  
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5 Sacramento, CA 95816  
6 Telephone: (916) 442-2777  
7 Facsimile: (916) 442-4118

8 Attorneys for Claimants  
9 Frank and Donald McIver

10 UNITED STATES BANKRUPTCY COURT  
11 NORTHERN DISTRICT OF CALIFORNIA, SAN FRANCISCO DIVISION

12 In re

Case No. 19-30088-DM

13 PG&E Corporation,

Chapter 11

Lead Case, Jointly Administered

14 and

15 PACIFIC GAS AND ELECTRIC COMPANY,

16 Debtors.

**DECLARATION OF DREW M. WIDDERS  
IN SUPPORT OF MOTION PURSUANT  
TO FED. R. BANKR. PROC. 7015 AND  
7017 TO ADD CLAIMANT TO CLAIM  
PREVIOUSLY FILED; OR, IN THE  
ALTERNATIVE, TO ENLARGE TIME TO  
FILE PROOF OF CLAIM PURSUANT TO  
FED. R. BANKR. PROC. 9006(b)(1)**

17 ☐ Affects PG&E Corporation  
18 ☐ Affects Pacific Gas and Electric Company  
19 ☒ Affects both Debtors

Date: March 24, 2021  
Time: 10:00 a.m. (Pacific Time)  
Place: Telephonic/Video Appearances  
Only  
United States Bankruptcy Court  
Courtroom 17,  
450 Golden Gate Ave., 16th Floor  
San Francisco, CA  
Judge: Hon. Dennis Montali

20 \*All paper shall be filed in the Lead Case, No.  
21 19-20088-DM

Objection Deadline: March 17, 2021

22 I, Drew M. Widders, hereby declare:

23  
24 1. I am an attorney at law duly licensed to practice before all state and federal  
25 courts of the State of California and I am a partner at Wilcoxen Callahan, LLP, based in  
26 Sacramento, California.

27  
28 2. My law firm represents wildfire victims who sustained losses from the Camp  
Fire in 2018. My firm has timely filed on behalf of approximately 229 clients with Prime Clerk

1 for losses our clients have suffered as a result of the fire.

2 4. Claimant Frank McIver timely filed a timely Proof of Claim in this matter on  
3 October 19, 2019 (See attached Exhibit 1.)

4 5. Donald McIver lived with Frank McIver at the time of the fire. Although Frank  
5 McIver filed a claim, Donald McIver was to distraught from the after effects of the Camp Fire  
6 to be involved in the process and told my firm not to include him in the claim form. Donald  
7 McIver has now recovered to the point where he wishes to file a late claim.

8 6. Attached as Exhibit 2, is the late filed Proof of Claim, Claim Number TBD on  
9 behalf of Donald and Frank McIver.

10 7. All statements in this declaration are based on my own personal knowledge  
11 and observation and from my review of the court and business records in this case, or upon  
12 information and belief as indicated. If called to testify on this matter, I can and would  
13 competently testify to the matters set forth in this Declaration.

14 8 I declare under penalty of perjury pursuant to the laws of the United States of  
15 America that the foregoing is true and correct.

16 Executed this 2nd day of February, 2021, in Sacramento, California.

17 WILCOXEN CALLAHAM, LLP

18  
19 By: /s/ Drew M. Widders  
20 DREW M. WIDDERS  
21 Attorneys for Plaintiff  
22  
23  
24  
25  
26  
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28

## **Exhibit 1**

UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF CALIFORNIA (SAN FRANCISCO DIVISION)

In re:  
PG&E CORPORATION,  
- and -  
PACIFIC GAS AND ELECTRIC  
COMPANY,  
Debtors.

Bankruptcy Case  
No. 19-30088 (DM)  
  
Chapter 11  
(Lead Case)  
(Jointly Administered)

## Proof of Claim (Fire Claim Related)

Read the instructions before filing this claim form. This form is for tort claimants who have a claim against the Debtors (i.e. PG&E Corporation and Pacific Gas and Electric Company) that arose prior to the Debtors filing for bankruptcy (i.e. prior to January 29, 2019) and that arose from, or relates to, a fire.

**Do not use this form for non-fire claims. Non-fire tort claimants should use Form 410.**

Do NOT file a fraudulent claim. A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Please type or print in the spaces below. Do NOT use red ink or pencil.

### Part 1: Identify the Claim

1. Who is the current creditor?	McIver, Frank Name of the current creditor (the person or entity to be paid for this claim)	
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
3. Are you filing this claim on behalf of your family? A family is a group of two or more people related by birth, marriage, domestic partnership, or adoption and residing together. All such people are considered as members of one family.	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If you checked "Yes", please provide the full name of each family member that you are filing on behalf of: _____ _____ _____ _____	
4. Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent? Name <u>WILCOXEN CALLAHAM, LLP</u> Attorney Name (if applicable) <u>Drew M. Widders</u> Attorney Bar Number (if applicable) <u>245439</u> Street Address <u>2114 K Street</u> City <u>Sacramento</u> State <u>CA</u> Zip Code <u>95816</u> Phone Number <u>916-442-2777</u> Email Address <u>vwatkins@wilcoxenlaw.com</u>	Where should payments to the creditor be sent? (if different) Name _____ Attorney Name (if applicable) _____ Attorney Bar Number (if applicable) _____ Street Address _____ City _____ State _____ Zip Code _____ Phone Number _____ Email Address _____
5. Does this claim amend one already filed?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Claim number on court claims registry (if known) <u>56289</u> Filed on <u>10/15/2019</u> MM / DD / YYYY	
6. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	

**Part 2:****Give Information About the Claim as of the Date this Claim Form is Filed****7. What fire is the basis of your claim?**

Check all that apply.

☒ Camp Fire (2018)☐ North Bay Fires (2017)☐ Ghost Ship Fire (2016)☐ Butte Fire (2015)☐ Other (please provide date and brief description of fire: \_\_\_\_\_)**8. What are the loss location(s) where you and/or your family suffered harm? (e.g. home or business address, place of injury, place from which you were evacuated, if different?)**

Location(s): 5480 Newland Road, Paradise, CA 95969

**9. How were you and/or your family harmed?**

Check all that apply

☒ Property Damage (homes, structures, personal property, land, trees, landscaping, and all other property damage)☒ Owner ☐ Renter ☐ Occupant ☐ Other (Please specify): \_\_\_\_\_☒ Personal Injury☐ Wrongful Death (if checked, please provide the name of the deceased) \_\_\_\_\_☐ Business Loss/Interruption☐ Lost wages and earning capacity☒ Loss of community and essential services☐ Agricultural loss☐ Other (Please specify): \_\_\_\_\_**10. What damages are you and/or your family claiming/seeking?**

Check all that apply

☒ Economic damages (including replacement cost of damaged property, diminution in value, loss of use, lost inventory, lost profits, and other economic damage)☒ Non-economic damages (including loss of society and support, loss of consortium, pain and suffering, emotional distress, annoyance and discomfort, and other non-economic damage)☒ Punitive, exemplary, and statutory damages☒ Attorney's fees and litigation costs☒ Interest☒ Any and all other damages recoverable under California law☐ Other (Please specify): \_\_\_\_\_**11. How much is the claim?**☐ \$ \_\_\_\_\_ (optional)☒ Unknown / To be determined at a later date

**Part 3: Sign Below**

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

- ☐ I am the creditor.  
☒ I am the creditor's attorney or authorized agent.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Signature: Drew M. Widders

Email: vwatkins@wilcoxenlaw.com

Signature

Print the name of the person who is completing and signing this claim:

Name	<u>Drew M. Widders</u>		
	First name	Middle name	Last name
Title	<u>Attorney at Law</u>		
Company	<u>Wilcoxen Callaham, LLP</u>		
	Identify the corporate servicer as the company if the authorized agent is a servicer.		
Address	<u>2114 K Street</u>		
	Number	Street	
	<u>Sacramento</u>	<u>CA</u>	<u>95816</u>
	City	State	ZIP Code
Contact phone	<u>916-442-2777</u>	Email	<u>vwatkins@wilcoxenlaw.com</u>

**Attach Supporting Documentation** (limited to a single PDF attachment that is less than 5 megabytes in size and under 100 pages):

☐ I have supporting documentation.  
(attach below)

☒ I do not have supporting documentation.

**PLEASE REVIEW YOUR PROOF OF CLAIM AND SUPPORTING DOCUMENTS AND REDACT ACCORDINGLY PRIOR TO UPLOADING THEM. PROOFS OF CLAIM AND ATTACHMENTS ARE PUBLIC DOCUMENTS THAT WILL BE AVAILABLE FOR ANYONE TO VIEW ONLINE.**

**IMPORTANT NOTE REGARDING REDACTING YOUR PROOF OF CLAIM AND SUPPORTING DOCUMENTATION** When you submit a proof of claim and any supporting documentation you must show only the last four digits of any social-security, individual's tax-identification, or financial-account number, only the initials of a minor's name, and only the year of any person's date of birth. If the claim is based on the delivery of health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information.

A document has been redacted when the person filing it has masked, edited out, or otherwise deleted, certain information. The responsibility for redacting personal data identifiers (as defined in Federal Rule of Bankruptcy Procedure 9037) rests solely with the party submitting the documentation and their counsel. Prime Clerk and the Clerk of the Court will not review any document for redaction or compliance with this Rule and you hereby release and agree to hold harmless Prime Clerk and the Clerk of the Court from the disclosure of any personal data identifiers included in your submission. In the event Prime Clerk or the Clerk of the Court discover that personal identifier data or information concerning a minor individual has been included in a pleading, Prime Clerk and the Clerk of the Court are authorized, in their sole discretion, to redact all such information from the text of the filing and make an entry indicating the correction.

# Instructions for Proof of Claim (Fire Claim Related)

United States Bankruptcy Court

You may have a claim against the Debtors for monetary loss, personal injury (including death), or other asserted damages arising out of or related to a fire. You should consider obtaining the advice of an attorney, especially if you are unfamiliar with the chapter 11 process and privacy regulations.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both.  
18 U.S.C. §§ 152, 157 and 3571.

## How to fill out this form

- ❑ **Fill in all of the information about the claim as of the date this claim form is filed.**
- ❑ **If the claim has been acquired from someone else, then state the identity of the last party who owned the claim or was the holder of the claim and who transferred it to you before the initial claim was filed.**
- ❑ **For a minor child, fill in only the child's initials and the full name of the child's parent or guardian.** For example, write *A.B., a minor child (John Doe, parent)*. See Bankruptcy Rule 9037.
- ❑ **You may but are not required to attach supporting documents to this form.**  
Supporting documents will be gathered, maintained, and provided at a later date as instructed by the Court. If you do attach documents, you should attach redacted documents as supporting documentation will be made publicly available and will not be kept confidential. *See* the definition of *redaction* of information below.
- ❑ **Do not attach original documents because attachments may be destroyed after scanning.**
- ❑ **Question 3.** Members of a family may but are not required to file a proof of claim as a family but may, if they choose, submit individual claim forms for each family member that has a claim against the debtors.

- ❑ **Question 9.** If you suffered property damage, then provide the street address of each real property parcel where you suffered property damage. If you were personally evacuated as the result of a fire, then provide the address or intersection closest to where you encountered the fire and began evacuation. If you suffered property damage and were evacuated from a different location, include both. If you were a renter, provide the address of your residence.
- ❑ **Question 10.** This question requests general statements of underlying facts relating to harm and is not intended to be exhaustive or preclusive.
- ❑ **Question 11.** You are not required to include a claim amount with your proof of claim. Providing a claim amount at this time is optional.

## Confirmation that the claim has been filed

To receive confirmation that the claim has been filed, enclose a stamped self-addressed envelope and a copy of this form together with the original. You may view a list of filed claims in this case by visiting the Claims and Noticing Agent's website at <https://restructuring.primeclerk.com/page>.



## Understand the terms used in this form

**Claim:** A creditor's right to receive payment for a debt that the debtor owed on the date the debtor filed for bankruptcy. 11 U.S.C. § 101 (5). A claim may be secured or unsecured.

**Creditor:** A person, corporation, or other entity to whom a debtor owes a debt that was incurred on or before the date the debtor filed for bankruptcy. 11 U.S.C. § 101 (10).

**Debtor:** A person, corporation, or other entity who is in bankruptcy. In this instance, PG&E Corporation and Pacific Gas & Electric Company.

**Information that is entitled to privacy:** A *Proof of Claim* form and any attached documents must show only the last 4 digits of any social security number, an individual's tax identification number, or a financial account number, only the initials of a minor's name, and only the year of any person's date of birth. If a claim is based on delivering health care goods or services, limit the disclosure of the goods or services to avoid embarrassment or disclosure of confidential health care information. You may later be required to give more information if the trustee or someone else in interest objects to the claim.

**Proof of claim:** A form that shows the creditor has a claim against the debtors on or before the date of the bankruptcy filing (in these cases, January 29, 2019). The form must be filed in the district where the case is pending.

**Redaction of information:** Masking, editing out, or deleting certain information to protect privacy. Filers must redact or leave out information entitled to privacy on the *Proof of Claim* form and any attached documents.

## Offers to purchase a claim

Certain entities purchase claims for an amount that is less than the face value of the claims. These entities may contact creditors offering to purchase their claims. Some written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court, the bankruptcy trustee, or the debtor. A creditor has no obligation to sell its claim. However, if a creditor decides to sell its claim, any transfer of that claim is subject to Bankruptcy Rule 3001(e), any provisions of the Bankruptcy Code (11 U.S.C. § 101 et seq.) that apply, and any orders of the bankruptcy court that apply.

## Please send completed Proof(s) of Claim to:

### If by first class mail:

PG&E Corporation Claims Processing Center  
c/o Prime Clerk LLC  
Grand Central Station, PO Box 4850  
New York, NY 10163-4850

### If by overnight courier or hand delivery:

PG&E Corporation Claims Processing Center  
c/o Prime Clerk LLC  
850 Third Avenue, Suite 412  
Brooklyn, NY 11232

**You may also hand deliver your completed Proof(s) of Claim to any of the following service center offices (beginning July 15, 2019 through the Bar Date (October 21, 2019) during the hours of 8:30 a.m. – 5:00 p.m. Prevailing Pacific Time):**

Chico Service Center  
350 Salem Street  
Chico, CA 95928

Marysville Service Center  
231 "D" Street  
Marysville, CA 95901

Napa Service Center  
1850 Soscol Ave. Ste 105  
Napa, CA 94559

Oroville Service Center  
1567 Huntoon Street  
Oroville, CA 95965

Redding Service Center  
3600 Meadow View Road  
Redding, CA 96002

Santa Rosa Service Center  
111 Stony Circle  
Santa Rosa, CA 95401

**Photocopy machines will not be available at the Claim Service Centers; you must bring a photocopy of your Proof of Claim if you wish to receive a date-stamped copy.**

**Do not file these instructions with your form**





# Electronic Proof of Claim\_XJZUX27402

Final Audit Report

2019-12-19

Created:	2019-12-19
By:	Prime Clerk E-Filing (efiling@primeclerk.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAAVwcGQtA7vHFIsWly1jfi_NOBbG3t_6X3

## "Electronic Proof of Claim\_XJZUX27402" History

-  Web Form created by Prime Clerk E-Filing (efiling@primeclerk.com)  
2019-12-19 - 6:29:12 PM GMT
-  Web Form filled in by Drew M. Widders (vwatkins@wilcoxenlaw.com)  
2019-12-19 - 6:32:50 PM GMT- IP address: 173.160.19.153
-  (User email address provided through API User-Agent: Mozilla/5.0 (Windows NT 6.1; WOW64; Trident/7.0; rv:11.0) like Gecko)  
2019-12-19 - 6:32:52 PM GMT- IP address: 173.160.19.153
-  Signed document emailed to Prime Clerk E-Filing (efiling@primeclerk.com) and Drew M. Widders (vwatkins@wilcoxenlaw.com)  
2019-12-19 - 6:32:52 PM GMT

## **Exhibit 2**

UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF CALIFORNIA (SAN FRANCISCO DIVISION)

In re:  
PG&E CORPORATION,  
- and -  
PACIFIC GAS AND ELECTRIC  
COMPANY,  
Debtors.

Bankruptcy Case  
No. 19-30088 (DM)  
  
Chapter 11  
(Lead Case)  
(Jointly Administered)

## Proof of Claim (Fire Claim Related)

Read the instructions before filing this claim form. This form is for tort claimants who have a claim against the Debtors (i.e. PG&E Corporation and Pacific Gas and Electric Company) that arose prior to the Debtors filing for bankruptcy (i.e. prior to January 29, 2019) and that arose from, or relates to, a fire.

**Do not use this form for non-fire claims. Non-fire tort claimants should use Form 410.**

Do NOT file a fraudulent claim. A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Please type or print in the spaces below. Do NOT use red ink or pencil.

### Part 1: Identify the Claim

1. Who is the current creditor?	<u>Mclver, Frank</u> Name of the current creditor (the person or entity to be paid for this claim)	
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
3. Are you filing this claim on behalf of your family? A family is a group of two or more people related by birth, marriage, domestic partnership, or adoption and residing together. All such people are considered as members of one family.	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If you checked "Yes", please provide the full name of each family member that you are filing on behalf of: <u>Donald Mclver</u> _____ _____ _____	
4. Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent? Name <u>Wilcoxon Callahan, LLP</u> Attorney Name (if applicable) <u>Drew M. Widders</u> Attorney Bar Number (if applicable) <u>245439</u> Street Address <u>2114 K Street</u> City <u>Sacramento</u> State <u>CA</u> Zip Code <u>95816</u> Phone Number <u>(916) 442-2777</u> Email Address <u>dwidders@wilcoxenlaw.com</u>	Where should payments to the creditor be sent? (if different) Name <u>Drew</u> Attorney Name (if applicable) _____ Attorney Bar Number (if applicable) _____ Street Address _____ City _____ State _____ Zip Code _____ Phone Number _____ Email Address _____
5. Does this claim amend one already filed?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Claim number on court claims registry (if known) <u>56289</u> Filed on <u>10/15/2019</u> MM / DD / YYYY	
6. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	

**Part 2:****Give Information About the Claim as of the Date this Claim Form is Filed****7. What fire is the basis of your claim?**

Check all that apply.

☒ Camp Fire (2018)☐ North Bay Fires (2017)☐ Ghost Ship Fire (2016)☐ Butte Fire (2015)☐ Other (please provide date and brief description of fire: \_\_\_\_\_)**8. What are the loss location(s) where you and/or your family suffered harm? (e.g. home or business address, place of injury, place from which you were evacuated, if different?)**

Location(s): 5480 Newland Road, Paradise, CA 95969

**9. How were you and/or your family harmed?**

Check all that apply

☒ Property Damage (homes, structures, personal property, land, trees, landscaping, and all other property damage)☒ Owner ☐ Renter ☐ Occupant ☐ Other (Please specify): \_\_\_\_\_☒ Personal Injury☐ Wrongful Death (if checked, please provide the name of the deceased) \_\_\_\_\_☐ Business Loss/Interruption☐ Lost wages and earning capacity☒ Loss of community and essential services☐ Agricultural loss☐ Other (Please specify): \_\_\_\_\_**10. What damages are you and/or your family claiming/seeking?**

Check all that apply

☒ Economic damages (including replacement cost of damaged property, diminution in value, loss of use, lost inventory, lost profits, and other economic damage)☒ Non-economic damages (including loss of society and support, loss of consortium, pain and suffering, emotional distress, annoyance and discomfort, and other non-economic damage)☒ Punitive, exemplary, and statutory damages☒ Attorney's fees and litigation costs☒ Interest☒ Any and all other damages recoverable under California law☐ Other (Please specify): \_\_\_\_\_**11. How much is the claim?**☐ \$ \_\_\_\_\_ (optional)☒ Unknown / To be determined at a later date

**Part 3: Sign Below**

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

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Check the appropriate box:

- ☐ I am the creditor.  
☒ I am the creditor's attorney or authorized agent.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Signature: Drew M. Widders  
Drew M. Widders (Feb 7, 2021 16:33 PST)

Email: dwidder@wilcoxenlaw.com

Signature

Print the name of the person who is completing and signing this claim:

Name	<u>Drew M. Widders</u>		
	<small>First name</small>	<small>Middle name</small>	<small>Last name</small>
Title	<u>Attorney at Law</u>		
Company	<u>Wilcoxen Callaham, LLP</u>		
	<small>Identify the corporate servicer as the company if the authorized agent is a servicer.</small>		
Address	<u>2114 K Street</u>		
	<small>Number</small>	<small>Street</small>	
	<u>Sacramento</u>	<u>CA</u>	<u>95816</u>
	<small>City</small>	<small>State</small>	<small>ZIP Code</small>
Contact phone	<u>916-442-2777</u>	Email	<u>dwidder@wilcoxenlaw.com</u>

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☐ I have supporting documentation.  
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United States Bankruptcy Court

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## How to fill out this form

- ❑ **Fill in all of the information about the claim as of the date this claim form is filed.**
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- ❑ **Question 10.** This question requests general statements of underlying facts relating to harm and is not intended to be exhaustive or preclusive.
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## Understand the terms used in this form

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**Information that is entitled to privacy:** A *Proof of Claim* form and any attached documents must show only the last 4 digits of any social security number, an individual's tax identification number, or a financial account number, only the initials of a minor's name, and only the year of any person's date of birth. If a claim is based on delivering health care goods or services, limit the disclosure of the goods or services to avoid embarrassment or disclosure of confidential health care information. You may later be required to give more information if the trustee or someone else in interest objects to the claim.

**Proof of claim:** A form that shows the creditor has a claim against the debtors on or before the date of the bankruptcy filing (in these cases, January 29, 2019). The form must be filed in the district where the case is pending.

**Redaction of information:** Masking, editing out, or deleting certain information to protect privacy. Filers must redact or leave out information entitled to **privacy** on the *Proof of Claim* form and any attached documents.

## Offers to purchase a claim

Certain entities purchase claims for an amount that is less than the face value of the claims. These entities may contact creditors offering to purchase their claims. Some written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court, the bankruptcy trustee, or the debtor. A creditor has no obligation to sell its claim. However, if a creditor decides to sell its claim, any transfer of that claim is subject to Bankruptcy Rule 3001(e), any provisions of the Bankruptcy Code (11 U.S.C. § 101 et seq.) that apply, and any orders of the bankruptcy court that apply.

## Please send completed Proof(s) of Claim to:

### If by first class mail:

PG&E Corporation Claims Processing Center  
c/o Prime Clerk LLC  
Grand Central Station, PO Box 4850  
New York, NY 10163-4850

### If by overnight courier or hand delivery:

PG&E Corporation Claims Processing Center  
c/o Prime Clerk LLC  
850 Third Avenue, Suite 412  
Brooklyn, NY 11232

**You may also hand deliver your completed Proof(s) of Claim to any of the following service center offices (beginning July 15, 2019 through the Bar Date (October 21, 2019) during the hours of 8:30 a.m. – 5:00 p.m. Prevailing Pacific Time):**

Chico Service Center  
350 Salem Street  
Chico, CA 95928

Marysville Service Center  
231 "D" Street  
Marysville, CA 95901

Napa Service Center  
1850 Soscol Ave. Ste 105  
Napa, CA 94559

Oroville Service Center  
1567 Huntoon Street  
Oroville, CA 95965

Redding Service Center  
3600 Meadow View Road  
Redding, CA 96002

Santa Rosa Service Center  
111 Stony Circle  
Santa Rosa, CA 95401

**Photocopy machines will not be available at the Claim Service Centers; you must bring a photocopy of your Proof of Claim if you wish to receive a date-stamped copy.**

**Do not file these instructions with your form**

# Electronic Proof of Claim\_V\$EYS27402[[CSLT#4025#CF]]


Final Audit Report


2021-02-03


Created:	2021-02-03
By:	Prime Clerk E-Filing (efiling@primeclerk.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAAGTv9rDYvKyp-NQs34w8eRlJjKn1rRzls

## "Electronic Proof of Claim\_V\$EYS27402[[CSLT#4025#CF]]" History

 Web Form created by Prime Clerk E-Filing (efiling@primeclerk.com)  
2021-02-03 - 0:26:22 AM GMT

 Web Form filled in by Drew M. Widders (dwidders@wilcoxenlaw.com)  
2021-02-03 - 0:33:19 AM GMT- IP address: 173.160.19.153

 (User email address provided through API User-Agent: Mozilla/5.0 (Windows NT 10.0; Win64; x64; rv:85.0) Gecko/20100101 Firefox/85.0)  
2021-02-03 - 0:33:21 AM GMT- IP address: 173.160.19.153

 Agreement completed.  
2021-02-03 - 0:33:21 AM GMT